§4.72

THE SKULL—Continued

| | Rat- ing |
|--|-------------|
| Without brain hernia: | |
| Area larger than size of a 50-cent piece or | |
| 1.140 in 2 (7.355 cm 2) | 50 |
| Area intermediate | 30 |
| Area smaller than the size of a 25-cent | |
| piece or 0.716 in 2 (4.619 cm ²) | 10 |
| NOTE: Rate separately for intracranial com- | |
| plications. | |

THE RIBS

| | Rat- ing |
|--|-------------|
| 5297 Ribs, removal of: | |
| More than six | 50 |
| Five or six | 40 |
| Three or four | 30 |
| Two | 20 |
| One or resection of two or more ribs without re- | |
| generation | 10 |
| NOTE (1): The rating for rib resection or removal is not to be applied with ratings for purrulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity. NOTE (2): However, rib resection will be consid- | |
| ered as rib removal in thoracoplasty performed for collapse therapy or to accomplish oblitera- tion of space and will be combined with the rating for lung collapse, or with the rating for lobectomy, pneumonectomy or the graduated ratings for pulmonary tuberculosis. | |

THE COCCYX

| | Rat- ing |
|--|-------------|
| 5298 Coccyx, removal of: Partial or complete, with painful residuals Without painful residuals | 10 0 |

(Authority: 38 U.S.C. 1155)

[29 FR 6718, May 22, 1964, as amended at 34 FR 5062, Mar. 11, 1969; 40 FR 42536, Sept. 15, 1975; 41 FR 11294, Mar. 18, 1976; 43 FR 45350, Oct. 2, 1978; 51 FR 6411, Feb. 24, 1986; 61 FR 20439, May 7, 1996; 67 FR 48785, July 26, 2002; 67 FR 54349, Aug. 22, 2002]

§4.72 [Reserved]

§ 4.73 Schedule of ratings—muscle injuries.

NOTE: When evaluating any claim involving muscle injuries resulting in loss of use of any extremity or loss of use of both buttocks (diagnostic code 5317, Muscle Group XVII),

refer to $\S 3.350$ of this chapter to determine whether the veteran may be entitled to special monthly compensation.

THE SHOULDER GIRDLE AND ARM

| | Rati | ng |
|---|---------------------|-----------------------|
| | Domi- nant | Non- domi- nant |
| 5301 Group I. Function: Upward rotation of scapula; elevation of arm above shoulder level. Extrinsic muscles of shoulder girdle: (1) Trapezius; (2) levator scapulae; (3) serratus magnus. | | |
| Severe Moderately Severe Moderate Slight | 40 30 10 0 | 30 20 10 0 |
| 5302 Group II. Function: Depression of arm from vertical overhead to hanging at side (1, 2); downward rotation of scapula (3, 4); 1 and 2 act with Group III in forward and backward swing of arm. Extrinsic muscles of shoulder girdle: (1) Pectoralis major II (costosternal); (2) latissimus dorsi and teres major (teres major, although technically an intrinsic muscle, is included with latissimus dorsi); (3) pectoralis minor; (4) rhomboid. | | |
| Severe | 40 30 20 0 | 30 20 20 0 |
| 5303 Group III. Function: Elevation and abduction of arm to level of shoulder; act with 1 and 2 of Group II in forward and backward swing of arm. Intrinsic muscles of shoulder girdle: (1) Pectoralis major I (clavicular); (2) deltoid. | | |
| Severe Moderately Severe Moderate Slight Sold Group IV. Function: Stabilization of shoulder against injury in strong movements, holding head of humerus in socket; | 40 30 20 0 | 30 20 20 0 |
| abduction; outward rotation and inward ro- tation of arm. Intrinsic muscles of shoulder girdle: (1) Supraspinatus; (2) infraspinatus and teres minor; (3) subscapularis; (4) coracobrachialis. | | |
| Severe Moderately Severe Moderate Slight Slight Slight Elbow supination (1) (long head of biceps is stabilizer of shoulder joint); flexion of elbow (1, 2, 3). | 30 20 10 0 | 20 20 10 0 |
| Flexor muscles of elbow: (1) Biceps; (2) brachialis; (3) brachioradialis. Severe | 40 30 | 30 20 |
| Moderately Severe Moderate Slight | 10 | 10 0 |

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Department of Veterans Affairs

THE SHOULDER GIRDLE AND ARM—Continued

| | Rating | |
|--|----------|-------------|
| | Dominant | Nondominant |
| 5306 Group VI. Function: Extension of elbow (long head of triceps is stabilizer of shoulder joint). Extensor muscles of the elbow: (1) Triceps; (2) anconeus | 40 | 30 |
| Moderately Severe | 30 | 20 |
| Moderate | 10 | 10 |
| Slight | 0 | 0 |

THE FOREARM AND HAND

| | R | ating |
|---|----------|-------------|
| | Dominant | Nondominant |
| 5307 Group VII. Function: Flexion of wrist and fingers. Muscles arising from internal condyle of humerus: Flexors of the carpus and long flexors of fingers and thumb; pronator. | | |
| Severe | 40 | 30 |
| Moderately Severe | 30 | 20 |
| Moderate | 10 | 10 |
| Slight | 0 | 0 |
| Severe | 30 | 20 |
| Moderately Severe | 20 | 20 |
| Moderate | 10 | 10 |
| Slight | ō | O |
| NOTE: The hand is so compact a structure that isolated muscle injuries are rare, being nearly always complicated with injuries of bones, joints, tendons, etc. Rate on limitation of motion, minimum 10 percent | | |

THE FOOT AND LEG

| | Rating |
|---|---------------|
| 5310 Group X. Function: Movements of forefoot and toes; propulsion thrust in walking. Intrinsic muscles of the foot: Plantar: (1) Flexor digitorum brevis; (2) abductor hallucis; (3) abductor digiti minimi; (4) quadratus plantae; (5) lumbricales; (6) flexor hallucis brevis; (7) adductor hallucis; (8) flexor digiti minimi brevis; (9) dorsal and plantar interossei. Other important plantar structures: Plantar aponeurosis, long plantar and calcaneonavicular ligament, tendons of posterior tibial, peroneus longus, and long flexors of great and little toes. | |
| Severe | 30 |
| Moderately Severe | 20 10 0 |
| digitorum brevis. Other important dorsal structures: cruciate, crural, deltoid, and other ligaments; tendons of long extensors of toes and peronei muscles. | |
| Severe | 20 |
| Moderately Severe | 10 10 0 |
| NOTE: Minimum rating for through-and-through wounds of the foot—10. | |
| 5311 Group XI. Function: Propulsion, plantar flexion of foot (1); stabilization of arch (2, 3); flexion of toes (4, 5); Flexion of knee (6). Posterior and lateral crural muscles, and muscles of the calf: (1) Triceps surae (gastrocnemius and soleus); (2) tibialis posterior; (3) peroneus longus; (4) peroneus brevis; (5) flexor hallucis longus; (6) flexor digitorum longus; (7) popliteus; (8) plantaris. Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| sion of toes (2); stabilization of arch (3). Anterior muscles of the leg: (1) Tibialis anterior; (2) extensor digitorum longus; (3) extensor hallucis longus; (4) peroneus tertius. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 0 |
| Slight | |

THE PELVIC GIRDLE AND THIGH

| | Rating |
|--|--------|
| 5313 Group XIII. Function: Extension of hip and flexion of knee; outward and inward rotation of flexed knee; acting with rectus femoris and sartorius (see XIV, 1, 2) synchronizing simultaneous flexion of hip and knee and extension of hip and knee by belt-over-pulley action at knee joint. Posterior thigh group, Hamstring complex of 2-joint muscles: (1) Biceps femoris; (2) semimembranosus; (3) semitendinosus. | |
| Severe | 40 |
| Moderately Severe | 30 |
| Moderate | 10 |
| Slight | 0 |

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THE PELVIC GIRDLE AND THIGH—Continued

| | Rating |
|--|----------------------|
| 5314 Group XIV. Function: Extension of knee (2, 3, 4, 5); simultaneous flexion of hip and flexion of knee (1); tension of fascia lata and ilitoitial (Maissiat's) band, acting with XVII (1) in postural support of body (6); acting with hamstrings in synchronizing hip and knee (1, 2). Anterior thigh group: (1) Sartorius; (2) rectus femoris; (3) vastus externus; (4) vastus intermedius; (5) vastus intermus; (6) tensor vaginae femoris. | |
| Severe Moderately Severe Moderately Severe Moderately Severe Moderate Slight Sight Factor Adduction of hip (1, 2, 3, 4); flexion of hip (1, 2); flexion of knee (4). Mesial thigh group: (1) Adductor longus; (2) adductor brevis; (3) adductor magnus; (4) gracilis. | 40 30 10 0 |
| Severe Moderately Severe Moderately Severe Moderate Slight Sight Sale Group XVI. Function: Flexion of hip (1, 2, 3). Pelvic girdle group 1: (1) Psoas; (2) iliacus; (3) pectineus. | 30 20 10 0 |
| Severe Moderately Severe Moderate Slight Sight Salvere Slight Salvere Slight Salvere Slight Salvere Slight Salvere Salvere Slight Salvere Salv | 40 30 10 0 |
| Severe | *50 40 20 0 |
| quadratus femoris. Severe | 30 20 10 0 |

^{*}If bilateral, see §3.350(a)(3) of this chapter to determine whether the veteran may be entitled to special monthly compensation.

THE TORSO AND NECK

| | Rating |
|--|---------------------|
| 5319 Group XIX. Function: Support and compression of abdominal wall and lower thorax; flexion and lateral motions of spine; synergists in strong downward movements of arm (1). Muscles of the abdominal wall: (1) Rectus abdominis; (2) external oblique; (3) internal oblique; (4) transversalis; (5) quadratus lumborum. Severe Moderately Severe Moderately Severe Moderate Slight 5320 Group XX. Function: Postural support of body; extension and lateral movements of spine. Spinal muscles: Sacrospinalis (erector spinae and | 50 30 10 0 |

its prolongations in thoracic and cervical regions).

THE TORSO AND NECK-Continued

| | Rating |
|---|--------|
| Cervical and thoracic region:. | |
| Severe | 40 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| Lumbar region:. | |
| Severe | 60 |
| Moderately Severe | 40 |
| Moderate | 20 |
| Slight | о |
| 5321 Group XXI. Function: Respiration. Muscles of | |
| respiration: Thoracic muscle group. | |
| Severe or Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5322 Group XXII. Function: Rotary and forward movements of the head; respiration; deglutition. Muscles of the front of the neck: (Lateral, supra-, and infrahyoid group.) (1) Trapezius I (clavicular insertion); (2) sternocleidomastoid; (3) the "hyoid" muscles; (4) sternothyroid; (5) digastric. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5323 Group XXIII. Function: Movements of the head; fixation of shoulder movements. Muscles of the side and back of the neck: Suboccipital; lateral vertebral and anterior vertebral muscles. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | l 0 |

MISCELLANEOUS

Rating

- 5324 Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346.
- 5325 Muscle injury, facial muscles. Evaluate functional impairment as seventh (facial) cranial nerve neuropathy (diagnostic code 8207), disfigurien scar (diagnostic code 7800), etc. Minimum, if interfering to any extent with mastication—10.
- 5326 Muscle hernia, extensive. Without other injury to the muscle—10.
- 5327 Muscle, neoplasm of, malignant (excluding soft tissue sarcoma)—100.
- NOTE: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, antineoplastic chemotherapy or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residual impairment of function.
- 5328 Muscle, neoplasm of, benign, postoperative. Rate on impairment of function, i.e., limitation of motion, or scars, diagnostic code 7805, etc.

MISCELLANEOUS—Continued

Rating

| 5329 | Sarcoma, | soft | tissue | (of | muscle, | fat, | or | fi- |
|-------------------------------|----------|------|--------|-----|---------|------|----|-----|
| brous connective tissue)-100. | | | | | | | | |

NOTE: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, antineoplastic chemotherapy or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residual impairment of function.

(Authority: 38 U.S.C. 1155) [62 FR 30239, June 3, 1997]

THE ORGANS OF SPECIAL SENSE

§ 4.75 Examination of visual acuity.

Ratings on account of visual impairments considered for service connection are, when practicable, to be based only on examination by specialists. Such special examinations should include uncorrected and corrected central visual acuity for distance and near, with record of the refraction. Snellen's test type or its equivalent will be used. Mydriatics should be routine, except when contraindicated. Funduscopic and ophthalmological findings must be recorded. The best distant vision obtainable after best correction by glasses will be the basis of rating, except in cases of keratoconus in which contact lenses are medically required. Also, if there exists a difference of more than 4 diopters of spherical correction between the two eyes, the best possible visual acuity of the poorer eye without glasses, or with a lens of not more than 4 diopters difference from that used with the better eye will be taken as the visual acuity of the poorer eye. When such a difference exists, close attention will be given to the likelihood of congenital origin in mere refractive error.

[40 FR 42537, Sept. 15, 1975]

§4.76 Examination of field vision.

Measurement of the visual field will be made when there is disease of the

optic nerve or when otherwise indicated. The usual perimetric methods will be employed, using a standard perimeter and 3 mm. white test object. At least 16 meridians 221/2 degrees apart will be charted for each eye. (See Figure 1. For the 8 principal meridians, see table III.) The charts will be made a part of the report of examination. Not less than 2 recordings, and when possible, 3 will be made. The minimum limit for this function is established as a concentric central contraction of the visual field to 5°. This type of contraction of the visual field reduces the visual efficiency to zero. Where available the examination for form field should be supplemented, when indicated, by the use of tangent screen or campimeter. This last test is especially valuable in detection of scotoma.

[43 FR 45352, Oct. 2, 1978]

§ 4.76a Computation of average concentric contraction of visual fields.

The extent of contraction of visual field in each eye is determined by recording the extent of the remaining visual fields in each of the eight 45 degree principal meridians. The number of degrees lost is determined at each meridian by subtracting the remaining degrees from the normal visual fields given in table III. The degrees lost are then added together to determine total degrees lost. This is subtracted from 500. The difference represents the total remaining degrees of visual field. The difference divided by eight represents the average contraction for rating purposes

TABLE III—NORMAL VISUAL FIELD EXTENT AT 8
PRINCIPAL MERIDIANS

| Meridian | Normal degrees |
|-----------------|-------------------|
| Temporally | 85 |
| Down temporally | 85 |
| Down | 65 |
| Down nasally | 50 |
| Nasally | 60 |
| Up nasally | 55 |
| Up | 45 |
| Up temporally | 55 |
| Total | 500 |